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## Registration Termination Form Disposition of Medical X-Ray Unit(s)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Radiation Control Number (RCN): \_\_\_\_\_

The following information is provided in accordance with 105 CMR 120.030: "Report of Changes". Complete the items below which are applicable to your registered unit(s).

1. The x-ray unit(s) authorized under the above referenced RCN # has been terminated.  
Attached is a copy of the receipt from the service provider that removed the unit(s).
2. The x-ray unit(s) was disposed of in the following manner: (please circle)  
(A.) Cut the x-ray cord  
(B.) Took to town's hazardous waste site
3. The x-ray unit(s) were transferred to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I, the owner of the x-ray unit(s), hereby certify that the x-ray unit(s) is no longer in my possession and request that the above referenced Registration be terminated.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_